## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden hours per response..16.00

| Estimateo<br>Iours per |      |       |        |
|------------------------|------|-------|--------|
| SE                     | C ŪS | E ON  | LY     |
| Prefix                 |      |       | Serial |
| DA'                    | TE R | ECEIV | 'ED    |

| Name of Offering ([] check if  | this is an amendment and name has changed, and indicate change.) NCP-AT  | K Co-Invest II LP                            |
|--|--|--|
| Filing Under (Check box(es) apply):  | that [ ] <u>Rule 504</u> [ ] <u>Rule 505</u> [x] <u>Rule 506</u> [ ] Section   | n 4(6) [ ] ULOE                              |
| Type of Filing: [x] New Filing   | [ ] Amendment  |  |
| · · · · · · · · · · · · · · · · · · ·                                      | A. BASIC IDENTIFICATION DATA   |  |
| 1. Enter the information requ  | ested about the issuer   | 07077558                                     |
| Name of Issuer ([ ] check if NCP-ATK Co-Invest II LP                       | this is an amendment and name has changed, and indicate change.)   |  |
| Address of Executive Offices c/o North Castle Partners L.L                 | (Number and Street, City, State, Zip Code)  Telephone Number (Ir  Code). C., 183 Putnam Avenue, Greenwich, CT 06830 (203) 862-3257   | ncluding Area Code)                          |
| Address of Principal Busines<br>(if different from Executive Of            | s Operations (Number and Street, City, State, Zip Code) Telephone Number (Iffices)   |  |
| Brief Description of Business  |  | PROCESSED                                    |
|  | o acquire control equity positions in operating companies.   | P OCT 03 2007                                |
| Type of Business Organizatio [ ] corporation [ ] business trust            | [ X ] limited partnership, already formed [ ] other (please specify) [ ] limited partnership, to be formed   | 1.7  |
|  | Month Year   |  |
| Jurisdiction of Incorporation of jurisdiction) [D][E] GENERAL INSTRUCTIONS | ncorporation or Organization: [0][9] [0][7] [x] Actual [] Estimator Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN f   |  |
| F <b>ederal:</b><br><i>Who Must File:</i> All issuers ma                   | aking an offering of securities in reliance on an exemption under Regulation D or  | Section 4(6), 17 CFR 230.501 et seq. o       |
| and Exchange Commission (<br>date on which it is due, on th                | be filed no later than 15 days after the first sale of securities in the offering. A not (SEC) on the earlier of the date it is received by the SEC at the address given belied date it was mailed by United States registered or certified mail to that address. It is and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. | low or, if received at that address after th |

Filing Fee: There is no federal filing fee. State:

the Appendix need not be filed with the SEC.

be photocopies of manually signed copy or bear typed or printed signatures.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offening, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA   | <del>-</del> |
|--|--------------|
| <ul> <li>2. Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership is</li> <li>Each general and managing partner of partnership issuers.</li> </ul> |              |
| Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [X] General and/or Managing Partner   | ,            |
| Full Name (Last name first, if individual) NCP-ATK GP LLC  |              |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o North Castle Partners L.L.C., 183 Putnam Avenue, Greenwich, CT 06830  |              |
| Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner   |              |
| Full Name (Last name first, if individual)<br>Sharma, Sheetal  |              |
| Business or Residence Address (Number and Street, City, State, Zip Code)<br>48 Golden Eagle Lane, Littleton, CO 80127  |              |
| Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partne  | r            |
| Full Name (Last name first, if individual)<br>Nicastro, Lorenzo  |              |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1914 Lindell Blvd., Wilmington, DE 19808  |              |
| Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner   |              |
| Full Name (Last name first, if individual) Bellamy, Earle D.   |              |
| Business or Residence Address (Number and Street, City, State, Zip Code) 2948 Kendrick St., Golden, CO 80401   |              |
| Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partne  | r            |
| Full Name (Last name first, if individual)<br>Fischbach, John  |              |
| Business or Residence Address (Number and Street, City, State, Zip Code)<br>8899 Ute Drive, Golden, Co 80403   |              |
| Check Box(es) that Apply: { ] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partne   | r            |
| Full Name (Last name first, if individual)<br>Gandert, Robert  |              |
| Business or Residence Address (Number and Street, City, State, Zip Code) 7815 E. Amherst Ave., Denver, CO 80231  |              |
|  |              |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| Check Box(es) that Apply:                                 | [] Promoter     | [x] Beneficial Owner   | [ ] Executive Officer  | [ ] Director | [ ] General and/or<br>Managing Partner |  |
|---|-----------------|--|--|--------------|--|--|
| Full Name (Last name first, i<br>Noverr, Peter            | if individual)  |  |  |              |  |  |
| Business or Residence Addi<br>4564 E. Whitehall Lane, Hig |                 |  | Code)  | ,            |  |  |
| Check Box(es) that Apply:                                 | [] Promoter     | [X] Beneficial Owner   | [ ] Executive Officer  | [ ] Director | [ ] General and/or<br>Managing Partner |  |
| Full Name (Last name first, i<br>Kim, Sallie              | f individual)   |  |  |              |  |  |
| Business or Residence Addi<br>209 Webster Dr., Wayne, N.  |                 | d Street, City, State, Zip   | Code)  |              |  |  |
| Check Box(es) that Apply:                                 | [] Promoter     | [X] Beneficial Owner   | [ ] Executive Officer  | [ ] Director | [ ] General and/or<br>Managing Partner |  |
| Full Name (Last name first, i<br>Bos, Alie                | if individual)  | and the second s |  |              |  |  |
| Business or Residence Addi<br>Verlaet 9, 8532 BN Lemmer   | •               |  | Code)  |              |  |  |
| Check Box(es) that Apply:                                 | [] Promoter     | [X] Beneficial Owner   | [] Executive Officer   | [ ] Director | [ ] General and/or<br>Managing Partner |  |
| Full Name (Last name first, i<br>McGhee, Jennifer         | if individual)  |  |  |              |  |  |
| Business or Residence Addi<br>3274 Discovery Court, Brook |                 |  | Code)  |              |  |  |
| Check Box(es) that Apply:                                 | [] Promoter     | [X] Beneficial Owner   | [ ] Executive Officer  | [ ] Director | [ ] General and/or<br>Managing Partner |  |
| Full Name (Last name first, i<br>Ranero, Victor Michael   | f individual)   |  |  |              |  |  |
| Business or Residence Addi<br>8602 S. Mallard Place, High |                 |  | Code)  |              |  |  |
| Check Box(es) that Apply:                                 | [] Promoter     | [ ] Beneficial Owner   | [] Executive Officer   | [ ] Director | [ ] General and/or<br>Managing Partner |  |
| Full Name (Last name first, i                             | if individual)  |  | CLEANE CHARLES TO THE COLUMN T |              |  |  |
| Business or Residence Addi                                | ress (Number an | d Street, City, State, Zip   | Code)  | <u>-</u>     | · · · · · · · · · · · · · · · · · · ·  |  |
|   | <del></del>     |  |  |              |  | <del>                                     </del> |

|           |  |                             |                           |                           |                            | . INFORM                    | A HON AL                    | SOUT OFF                       | EKING                           |                           |                              |  |            |           |
|-----------|--|-----------------------------|---------------------------|---------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|---------------------------------|---------------------------|------------------------------|--|------------|-----------|
| 1. Has    | the issuer                               | sold, or d                  | oes the is:               | suer intend               | i to sell, to              | non-accre                   | dited inves                 | stors in this                  | offering?                       |                           |                              |  | Yes        | No<br>[X] |
|           |  |                             |                           | А                         | nswer also                 | in Append                   | dix, Columi                 | n 2, if filing                 | under ULC                       | E.                        |                              |  | ]          | •         |
| 2. Wha    | t is the mi                              | nimum inv                   | estment th                |                           |                            |                             | -                           |                                |                                 |                           |                              |  | \$10       | 0,000     |
| 3. Does   | the offeri                               | ing permit                  | joint owne                | rship of a                | single unit                | ?                           |                             |                                |                                 |                           |                              |  | Yes<br>[ ] | No<br>[X] |
| remune    | eration for<br>or agent on<br>e (5) pers | solicitation<br>of a broken | of purchar<br>or dealer   | asers in co<br>registered | nnection v<br>I with the S | with sales of<br>SEC and/or | of securities<br>with a sta | s in the offe<br>ite or states | ering. If a p<br>s, list the na | erson to be<br>ame of the | e listed is a<br>broker or d | ssion or similar<br>n associated<br>lealer. If more<br>hat broker or |            |           |
| Full Na   | me (Last i                               | name first,                 | if individu               | al)                       |                            | "                           |                             |                                |                                 |                           |                              |  |            |           |
| Busine    | ss or Resi                               | dence Ado                   | dress (Nur                | nber and                  | Street, City               | , State, Zij                | Code)                       |                                |                                 |                           |                              |  |            |           |
| Name      | of Associa                               | ted Broke                   | r or Deale                | r                         |                            |                             |                             |                                |                                 |                           |                              |  |            |           |
|           |  |                             | ted Has S<br>individual S |                           |                            | Solicit Pur                 | chasers                     |                                |                                 | ĺ                         | ] All States                 |  |            |           |
| [AL]      | [AK]                                     | [AZ]                        | [AR]                      | [CA]                      | [CO]                       | [CT]                        | [DE]                        | [DC]                           | [FL]                            | [GA]                      | [HI]                         | [ID]   |            |           |
| [IL]      | [IN]                                     | [A]                         | [KS]                      | [KY]                      | [LA]                       | [ME]                        | [MD]                        | [MA]                           | [MI]                            | [MN]                      | [MS]                         | [MO]   |            |           |
| [MT]      | [NE]                                     | [NV]                        | [NH]                      | [NJ]                      | [NM]                       | [NY]                        | [NC]                        | [ND]                           | [OH]                            | [OK]                      | [OR]                         | [PA]   |            |           |
| [RI]      | [SC]                                     | [SD]                        | [TN]                      | [ТХ]                      | [UT]                       | [TV]                        | [VA]                        | [WA]                           | [WV]                            | [WI]                      | [WY]                         | [PR]   |            |           |
| Full Na   | me (Last i                               | name first                  | , if individu             | ıal)                      | <del>-</del>               |                             |                             |                                | <del></del>                     |                           |                              |  |            |           |
| Busine    | ss or Resi                               | dence Ad                    | dress (Nur                | nber and                  | Street, City               | , State, Zi                 | p Code)                     |                                |                                 |                           |                              |  |            |           |
| Name      | of Associa                               | ited Broke                  | r or Deale                | r                         |                            |                             |                             |                                |                                 |                           |                              |  |            | -         |
|           |  |                             | ited Has S<br>individual: |                           |                            | Solicit Pu                  | rchasers                    |                                | <del></del>                     | [                         | ] All States                 |  |            |           |
| [AL]      | [AK]                                     | [AZ]                        | [AR]                      | [CA]                      | [CO]                       | [CT]                        | [DE]                        | [DC]                           | [FL]                            | [GA]                      | [HI]                         | [ID]   |            |           |
| [IL]      | [IN]                                     | [IA]                        | [KS]                      | [KY]                      | [LA]                       | [ME]                        | [MD]                        | [MA]                           | [MI]                            | [MN]                      | [MS]                         | [MO]   |            |           |
| [MT]      | [NE]                                     | [NV]                        | [NH]                      | [NJ]                      | . ,<br>[NM]                | [NY]                        | [NC]                        | [ND]                           | [OH]                            | [OK]                      | [OR]                         | [PA]   |            |           |
| (RI)      | [SC]                                     | [SD]                        | [TN]                      | [TX]                      | ניוטן                      | [[/T]                       | [VA]                        | [WA]                           | [WV]                            | [WI]                      | [WY]                         | [PR]   |            |           |
| Full Na   | me (Last                                 | name first                  | , if individu             | ıal)                      |                            |                             |                             |                                |                                 |                           |                              |  |            |           |
| Busine    | ss or Resi                               | idence Ad                   | dress (Nu                 | mber and                  | Street, Cit                | y, State, Zi                | p Code)                     |                                |                                 | ·····                     |                              |  | -          |           |
| J 4501110 | -5 5. 1100                               |                             | 555 (. 10)                |                           |                            | ,                           | ,,                          |                                |                                 |                           |                              |  | - 1        |           |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in columns below the amounts of the securities offered for exchange and already exchanged.  | d. Enter<br>the        | _                           |               |  |
|--|------------------------|-----------------------------|---------------|--|
| Type of Security   |                        | Aggregate<br>Offering Price | An            | ount Already<br>Sold                             |
| Debt   |                        | \$0                         | \$0           |  |
| Equity   |                        | \$0                         | \$0           |  |
| [ ] Common [ ] Preferred   |                        |                             |               |  |
| Convertible Securities (including warrants)  |                        | \$ 0                        | Tso I         |  |
|  |                        | \$2,485,000                 |               | 85,000   |
| Partnership Interests  |                        | \$0                         | \$0           |  |
| Other (Specify)  |                        | \$2,485,000                 | -             | 85,000   |
| Total  |                        | Ψ2,403,000                  | Ψ2,           | 100,000  |
| Answer also in Appendix, Column 3, if filing under ULOE.   |                        | l                           |               |  |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offer<br>the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of per<br>who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter<br>answer is "none" or "zero." | sons                   | Number                      |               | regate<br>ar Amount                              |
|  |                        | Investors                   | _             | urchases   |
| Accredited Investors   |                        | 10                          | <del></del>   | 85,000   |
| Non-accredited Investors   |                        | 0                           | \$0           |  |
| Total (for filings under Rule 504 only)  |                        | <u>N/A</u>                  | \$ <u>0</u> _ |  |
| Answer also in Appendix, Column 4, if filing under ULOE.   |                        |                             |               | ļ  |
|  |                        |                             |               |  |
| 3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sol issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities offering. Classify securities by type listed in Part C-Question 1.  | ld by the<br>s in this |                             |               |  |
|  | -                      | T                           | Dal           | lar Amount                                       |
| Type of offering   |                        | Type of Security            | Sol           | 4  |
| Rule 505   |                        | N/A                         | <del>-</del>  | N/A  |
| Regulation A   |                        | N/A                         | _             | N/A  |
| Rule 504   |                        | N/A                         | <del>-</del>  | N/A  |
| Total  |                        | N/A                         | \$            | N/A  |
|  |                        |                             |               |  |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities<br>offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be<br>subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and che<br>box to the left of the estimate.   | given as               |                             |               |  |
| Transfer Agent's Fees  | ] \$0                  |                             |               |  |
| Printing and Engraving Costs   |                        |                             |               |  |
|  | X) \$2                 | 20,000                      |               |  |
|  | ] \$0                  |                             |               |  |
|  | ] \$0                  |                             |               |  |
| Lingstocking 1 days  | j \$0                  |                             |               |  |
|  | ] \$0                  |                             |               | <u> </u>   |
|  | <del></del>            | 20,000                      |               | <del> </del>                                     |
| Total  | 1 14                   | ,                           |               | -  |
|  | · 1                    | <del></del>                 |               |  |
|  |                        |                             |               | <del>                                     </del> |

| b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and tota<br>expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to<br>the issuer."  | \$2,4  | 65,000                |
|--|--|-----------------------|
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. |  |                       |
|  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others |
| Salaries and fees  | []\$0  | []\$0                 |
| Purchase of real estate  | []\$0  | []\$0                 |
| Purchase, rental or leasing and installation of machinery and equipment  | [ ] \$ 0   | []\$0                 |
| Construction or leasing of plant buildings and facilities  | []\$0  | []\$0                 |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   | []\$0  | []\$0                 |
| Repayment of indebtedness  | []\$0  | []\$0                 |
| Working capital  | []\$0  | []\$0                 |
| Other (specify): Investments in securities   | [x] \$ 2,465,000                                       | []\$0                 |
|  | []\$   | []\$                  |
| Column Totals  | []\$0  | []\$0                 |
| Total Payments Listed (column totals added)  | [X[ ]  | \$ 2,465,000          |

| -  | D. FEDERAL SIGNATURE  |  |
|--|---|--|
| signature constitutes an undertaking by the          | pe signed by the undersigned duly authorized person. If<br>e issuer to furnish to the U.S. Securities and Exchange<br>non-accredited investor pursuant to paragraph (b)(2) of | Commission, upon written request of its staff, the |
| issuer (Print or Type) NCP-ATK Co-invest II LP       | Signature   | Date 9/28/07                                       |
| Name of Signer (Print or Type) Charles F. Baird, Tr. | Title of sight (Printor) ype) / Managing Drock  |  |
|  | ATTENTION   |  |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E. STATE SIGNATURE  | ,                  |               |
|---|--------------------|---------------|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?  | Yes No<br>[ ] [X]" |               |
| See Appendix, Column 5, for state response.   | 1163               |               |
| 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a 239,500) at such times as required by state law.  | notice on Form (   | D (17 CFR     |
| 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnish   | ed by the issuer   | to offerees   |
| 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exe establishing that these conditions have been satisfied. |                    |               |
| The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its be duly authorized person.  | ehalf by the und   | ersigned      |
| Issuer (Print or Type)  NCP-ATK Co-Invest II LP   | te<br>7 / 28/0     | 7             |
| Name of Signer (Print or Type) Title of Signer (Pfint or Type)  |                    | - <del></del> |
| Charles F. Bairull Managing Director  |                    | ı             |

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX**

| 1     |                     | 2  | 3  |  | 4  | 5<br>Disqualification   |   |          |              |
|-------|---------------------|--|--|--|--|---|---|----------|--------------|
|       | to non-a investor   | d to sell<br>accredited<br>rs in State<br>3-Item 1)  | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | an   | Type of inv<br>nount purcha<br>(Part C-l | under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |   |          |              |
| State | Yes                 | No   |  | Number of<br>Accredited<br>Investors   | 1  | Number of<br>Non-<br>Accredited<br>Investors                                    | Amount  | Yes      | No           |
| AL    |                     | i<br>I   |  |  |  |   |   |          |              |
| AK    |                     |  |  |  |  |   |   |          |              |
| AZ    |                     |  |  |  |  |   |   |          |              |
| AR    | maunimerin minmi th |  |  |  |  |   |   |          |              |
| .CA   |                     |  |  |  |  |   |   |          | ļ            |
| СО    |                     | x  | Limited Partnership<br>Interests<br>\$1,735,000  | 7  | \$1,735,000                              | -   | -   | ,        | x            |
| СТ    |                     |  |  | <del>(m. 1. m.) (m. 1. m.)</del> | <u>İ</u>                                 |   |   |          |              |
| DE    |                     | x  | Limited Partnership<br>Interests<br>\$525,000  | 1  | \$525,000                                | <u>-</u>  | -   |          | x            |
| DC    |                     |  |  |  |  |   |   |          |              |
| FL    |                     |  |  |  |  |   |   |          |              |
| GA    |                     |  |  |  |  |   | arc ,   |          |              |
| HI    |                     |  |  |  | ļ  |   |   |          |              |
| ID    |                     |  | <u> </u>   |  |  | <u> </u>  |   | <u> </u> |              |
| IL IN | w                   | 1  |  |  | <u> </u>                                 |   |   | 1        | <u> </u>     |
| IA    |                     |  |  |  |  |   |   |          |              |
| KS    |                     | PRESERVO DE CENTRE E LE CALENTÍA SE EL PRESENTA DE CALENTÉE DE L'ANGES DE CALENTÉE DE L'ANGES DE L'ANGES DE CALENTÉE DE L'ANGES DE L'ANGES DE CALENTÉE DE L'ANGES DE L'AN |  |  |  |   | manye een e meesy mi johi fappa dhaf (49) aatum 1888 maan |          |              |
| KY    |                     |  |  |  | 1  |   |   |          | i I          |
| LA    | ,                   |  |  |  | 1  |   |   |          |              |
| ME    |                     |  |  |  |  |   |   |          |              |
| MD    |                     |  |  |  |  |   |   |          |              |
| MA    | µ                   |  |  |  |  |   | a. d  |          |              |
| MI    | <del></del>         | <u> </u>   |  |  | ļ  |   |   |          |              |
| MN    |                     |  |  |  | !  | <u> </u>  |   |          |              |
| MS MO |                     | <u> </u>   |  |  |  |   |   |          |              |
| MT    |                     | 1  |  |  | +  |   |   | !        | <del> </del> |
| NE    |                     | <u> </u>   |  |  |  |   | <u> </u>  |          |              |
| NV    |                     |  |  |  | <del> </del>                             | <u> </u>  |   |          | <del> </del> |
| NH    |                     |  |  |  | !  | 1   |   |          | 1            |
| NJ    |                     | x  | Limited Partnership<br>Interests<br>\$125,000  | 1  | \$125,000                                | -   | -   |          | x            |
| NM    |                     |  | L  |  | <u> </u>                                 |   |   |          |              |
| NY    |                     |  |  |  | <u> </u>                                 |   | <u> </u>  | ·<br>    | <u> </u>     |

| 1     | 2 Intend to sell to non-accredited investors in State (Part B-Item 1) |    | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of ir<br>amount purc               |        | Type of investor and (if yes, atta amount purchased in State (Part C-Item 2)  5  Disqualifica under State (if yes, atta explanation waiver gran (Part E-Iter |        | fication<br>ite ULOE<br>attach<br>ation of<br>granted) |    |
|-------|---|----|--|---|--------|--|--------|--|----|
| State | Yes   | No |  | Number of<br>Accredited<br>Investors    | Amount | Number of<br>Non-<br>Accredited<br>Investors   | Amount | Yes :  | No |
| ОН    |   |    |  |   |        |  |        |  |    |
| ок    |   |    |  | , |        |  | :      |  |    |
| OR    |   |    |  |   |        |  |        |  |    |
| PA    |   |    |  |   |        |  |        | 1  |    |
| RI    |   |    |  |   |        |  | ł      | 1  |    |
| SC    |   |    |  |   |        |  |        | -  |    |
| SD    |   |    |  |   |        |  |        |  |    |
| TN    |   |    |  |   |        |  |        |  |    |
| TX    |   |    |  |   |        |  |        | t  |    |
| UT    |   |    |  |   |        |  |        | j  |    |
| VT    |   |    |  |   |        |  |        |  |    |
| VA    |   |    |  |   |        |  | }      | -  |    |
| WA    |   |    |  |   |        |  |        |  |    |
| wv    |   |    |  |   |        |  |        |  |    |
| WI    |   |    |  |   |        |  |        |  |    |
| WY    |   |    |  |   |        |  |        |  |    |
| PR    |   |    |  |   |        |  |        | į  |    |



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